Careful auscultation reveals, in a certain proportion of patients, some deviation from normal. Flick and his fellow-workers lay stress on the frequency of accentuation of the second pulmonic sound. A weakened first sound is rather frequent in well-advanced stages. Irregularity in the heart action and the skip of a beat is infrequent in early stages and apparently less common in late stages.

The frequency and tension of the pulse in pulmonary tuberculosis are early and often changed. The pulse in this disease is almost as important as the temperature, and in many cases is far more accurate for prognosis. The increased frequency most often stands in direct relation to the activity and extent of the disease and strength of the patient. The most probable cause of increased frequency of pulse rate, especially in incipient stages, is a weakened condition of the cardiac muscle and its nervous control, due to the tuberculous toxin, but this hardly explains the tachycardia in some healed lesions. The blood pressure is lowered from the outset, with a marked variation in a reclining and an upright position. Many believe the lowered tension is due to the tuberculin. When complicated by nephritis, emphysema, arterio-sclerosis, diabetes or cardiac hypertrophy, the blood pressure may be raised. It is a rare thing for patient to complain of palpitation in the early stages.

O. N. B.

THE SENSE OF WEIGHT IN THE AFFECTED SIDE: ITS VALUE IN THE DIAGNOSIS OF LOBAR PNEUMONIA.

(Thomas F. Reilly, Professor of Applied Therapeutics, Fordham University, *Archives of Diagnosis,* Oct., 1908.)

The diagnosis of a fully developed pneumonia is generally very easy, but cases exist in which we are in doubt for two or three days, or even during the entire course. This is especially marked when in the absence of the characteristic sputa, we are dealing with a so-called central pneumonia. In such a case an absolute diagnosis is impossible; yet, with the concomitant signs of irritative cough, chill, temperature and disturbed respirative ratio, we may often feel sure in our diagnosis.

Aufrecht, quoting Eichhorst, mentions a case in which the left lung weighed four pounds more than the right, which was normal.

Taking the statistics of Ballinger, Eichhorst and Kussmaul, there is an average increase in weight of two pounds and three ounces in the affected lung.

In most cases he finds that as soon as the sensation of acute pain due to the accompanying plural affection has passed off, most patients complain of a feeling of weight, or load, on the affected side. Frequently it is only on sitting upright or lying partly on the sound side that the weight is apparent.

In thirty cases he succeeded in eliciting this symptom in twenty-one, before the fourth day.

W. M. McC.

THE CLINICAL SIGNIFICANCE OF SUB-NORMAL TEMPERATURE.

A BRIEF RESUME OF THE LITERATURE FROM 1903 TO 1908.

(L. Bertram Sachs, *Archives of Diagnosis,* Oct., 1908.)

Considerable attention has been paid to the subject of pyrexia, but the study of subnormal temperature has been neglected. The source of the body heat is the oxidation of food, and the nervous system balances heat productions against heat loss through the regulation of the vasomotor system. In other words, the temperature of the body is the temperature of the blood.

Laidlaw states that the rapid breathing of cold air, even though it occurs through the nasal passages, will lower the thermometer reading, and so in all cases where dyspnea is a prominent symptom, mouth temperatures are to be regarded with suspicion.

Normally the temperature ranges from 97.2° F., between the hours of two and six a. m., to 97.5° F., between four and eight p. m., and only when the temperature remains for sometime at 97° F., can it be called subnormal. Benedict found that there is no tendency to an inversion of the temperature course by inverting the daily routine of life.

When alcoholics are exposed to cold there is a rapid fall of their body temperature. Reinke has observed cases in which the thermometer recorded 86°-87° F. The lowest reported temperature in the alcoholic is 71.8° F.

In fifty cases of alcoholics selected at random, MacEwen found that the rectal temperature only reached 98° F., in two instances; 28 per cent. had temperatures from 98° to 97° F.; 30 per cent. had temperatures from 97° to 96° F.; 24 per cent. had temperatures from 96° to 95° F.; 12 per cent. had temperatures from 95° to 94° F.; six per cent. had temperatures from 94° to 93° F. In differentiating this condition from concussion, apoplexy and morphine poisoning, these figures should be of some diagnostic value, since in the latter conditions sub-normal temperatures are not frequent.

Laidlaw states that when a sub-normal temperature is produced by antipyretics, it is an indication of collapse, as these drugs only reduce temperature when there is pyrexia. Morhphia in small doses produces a slight fall in temperature by diminished productions of heat. Phenol in poisonous doses also calls forth reductions of body temperature. Cases of cardiac disease, in a large percentage, run a sub-normal temperature. Laidlaw found hypo-thermia in seventy per cent. of a series of cardiac disease. Uncompensated mitral stenosis forms a large proportion of these cases.

In children the principal conditions producing hypo-thermia are: exposure to cold, severe fluxes, malnutrition, athrepsia, prematurity, inanition, collapse, heart disease, anemia, hemorrhage, and for a short time after, acute illness.—(Northridge.)

As a rule when the temperature remains persistently below 97° F., death soon takes place.

Hypothernia is frequently observed in melancholia, brain abscesses, stuperous states, general paresis, idiocy and occasionally in conditions of great excitement.

The occurrence of sub-normal temperature in conditions of great excitement, according to Church and Peterson, indicates approaching collapse.

Following acute or prolonged fever, as pneumonia, typhoid, etc., hypothermia is of common occurrence. This fact was observed in 158 cases out of 168 studied by McCrea.

Heinreich Stern maintains that the subnormal temperature is frequently the normal temperature of the diabetic, and the normal temperature of a healthy individual when encountered in the diabetic denotes often a febrile state.

W. M. McC.

A NOTE ON THE DIAGNOSIS OF ABSCESS OF THE LIVER.

(Charles Greene Cumstom, *Archives of Diagnosis,* Oct., 1908.)

In the classical form of large liver abscess, the diagnosis can be made without any very great difficulty. The presence of remittant or intermittant fever in a subject who formerly has had dysentery, the increase in the size of the liver, the appearance of hepatic or scapular pains on the right, the rapid change in the